DOCUMENT RESUME

ED 358 948 PS 021 472

AUTHOR Skoe, Eva E.; Gooden, Alethia
TITLE Care-Based Moral Reasoning in Male and Female Children.
PUB DATE Mar 93
NOTE 12p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (60th, New Orleans, LA, March 25-28, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Responsibility; Comparative Analysis; *Females; Foreign Countries; Grade 6; Intermediate Grades; Interpersonal Competence; *Males; *Moral Development; *Preadolescents; Prosocial Behavior; *Sex Differences; Socialization
IDENTIFIERS *Ethic of Care Interview; *Moral Reasoning

ABSTRACT

This study examined care-based moral reasoning in 23 white females and 23 white males, ages 11 through 12 years in a small Canadian eastcoast town. Subjects were administered the Ethic of Care Interview (ECI), a measure administered in a structured interview format consisting of four dilemmas. In addition to three standardized, interpersonal dilemmas, the interview consisted of a real-life conflict generated by the subject in response to a general question about the subject's personal experience of a moral conflict. Analysis revealed that girls scored significantly higher on the ECI than boys, suggesting that girls use more other-oriented modes of prosocial moral reasoning than boys. Girls were less egocentric than boys and more concerned with approval and acceptance from others. More girls than boys scored at ECI level 2 (conventions of goodness, caring for others). These gender differences might be due to biological differences or differences in socialization experiences. (MM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED358948

Care-Based Moral Reasoning in Male and Female Children

Eva E. Skoe

University of Tromsø

Alethia Gooden

Acadia University

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Eva E. Skoe

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Poster presented at the 60th Anniversary Meeting of the Society for Research in Child Development, New Orleans, Louisiana, March, 1993. Requests for reprints should be sent to Eva E. Skoe, Department of Psychology, University of Tromsø, N-9037 Tromsø, Norway.

PS 021472

Abstract

This study examined care-based moral reasoning in children. Twenty-three white females and 23 white males, 11 through 12 years of age, were assessed on the newly developed Ethic of Care Interview (ECI). As hypothesized, girls scored significantly higher on the ECI than boys. Further, as expected, more girls than boys scored at ECI level 2 (conventions of goodness, caring for others). Possible explanations for these gender differences, as well as directions for future research, are discussed.

Introduction

Recent theory and research have suggested that there are two gender-related orientations or frameworks for understanding and organizing the moral domain - - the ethic of justice and the ethic of care (Gilligan, 1982; Gilligan & Attanucci, 1988; Ford & Lowery, 1986; Johnston, 1988, Lyons, 1983; Noddings, 1984). Gilligan (1982) proposed that women focus more on care and responsibility in relationships whereas men focus more on justice and individual rights.

A measure designed to assess levels of care based upon Gilligan's (1982) developmental theory has recently been constructed (Skoe & Marcia, 1991). This new Ethic of Care Interview (ECI) was found to be positively related to age, ego identity (Marcia, 1980), Kohlberg's Moral Judgment Interview (Colby & Kohlberg, 1987), and androgyny (Skoe, 1990, 1992; Skoe & Diessner, in press; Skoe & Marcia, 1991; Sochting, Skoe, & Marcia, 1993). The ECI was related to ego identity for both men and women. However, the relationship between identity and care was significantly stronger for women than for men. Further, care-based moral thought was more relevant than justice-based thought to women's identity development in particular (Skoe & Diessner, in press). Thus, although no significant gender differences have been found on the ECI itself (Skoe & Diessner, in press; Sochting, Skoe, & Marcia, 1993), there are indications that the care ethic is more applicable to women than to men.

To date, there has been no research investigating levels of care in children. Hence, the main objective of the present study was to examine care-based moral reasoning in male and female children. Based upon theory (Gilligan, 1982; Noddings, 1984) and previous research (Cohn, 1991; Eisenberg, Miller, Shell, McNalley, & Shea, 1991; Lyons, 1983), it was hypothesized that at this age girls would score significantly higher than boys on the ECI and that more girls than boys would score at ECI level 2 (conventions of goodness, caring for others).

Method

Participants

The sample was composed of 23 girls and 23 boys, all Caucasian, drawn from grade 6 in a small Canadian eastcoast town. The average ages for males and females were 11 years 4 months and 11 years 6 months, respectively.

Measure

Ethic of Care Interview (ECI). This measure consists of four dilemmas administered in a structured interview format (Skoe & Marcia, 1991). In addition to a real-life conflict generated by the participant, there are three interpersonal dilemmas. The standardized dilemmas were revised for use with children, involving conflicts surrounding family and friends, for example: "Nicole/Jason has been invited by her/his friend, Janice/Erik, to come with her/him for dinner after school on Friday. The next day, another friend, Pam/Danny, invites Nicole/Jason on the same Friday to see their favorite rock band perform as s/he has tickets for two good seats. What do you think Nicole/Jason should do? Why?".

The interviews are audio tape recorded and scored according to the Ethic of Care Interview Manual (Skoe, 1993). The levels of care involve moving from an initial position of self-concern, through a questioning of this as a sole criterion, to a position of exclusively other-concern, through a similar questioning of this as a sole criterion, to a final position of balanced self and other concern (see Table 1 for further description of the ECI levels).

The Ethic of Care Interview yields a total score across the four dilemmas, with a potential range of 4.00 through 12.00, or participants may be assigned to one of five discrete levels. Overall level scores for the ECI are determined by dividing the total scores by four and then rounding to the nearest .5 level (e.g. 1.56 = level 1.5, 1.94 = level 2.0, 2.60 = level 2.5).

Interscorer agreements for the ECI dilemmas ranged from 90% to 100%; Kappas ranged from .82 to 1.00, and all of them substantially exceeded chance which ranged from .33 to .44.

Procedure

Consent was obtained from both the children and their parents. Each participant was interviewed individually by a female experimenter in a small schoolroom. The real-life dilemma was administered first, followed by the three standardized dilemmas. The real-life conflict was generated by the participant in response to a general question about his or her personal experience of a moral conflict. The question was asked in several ways: Have you ever been in a situation where you weren't sure what was the right thing to do? Have you ever had a moral conflict? Could you describe a moral conflict? These questions eliciting a dilemma were then followed by a more consistent set of questions: Could you describe the situation? What were the conflicts for you in that situation? In thinking about what to do, what did you consider? What did you do? Did you think it was the right thing to do? How do you know? The standardized dilemmas were read to the participants while they read along. The interviews took about 30 minutes and were tape-recorded for later transcription and scoring.

Results

The ECI and Gender

In order to test the first hypothesis, a t-test was performed on the ECI total scores. As predicted, girls obtained significantly higher scores (M = 7.17, SD = .86) than boys (M = 6.24, SD = .96), $t(44) = 3.46$, $p < .0005$. The frequencies of participants in the ECI levels are presented in Table 2. None of the children were assesed at ECI levels 2.5 or 3. A 2 (gender) x 3 (ECI level) loglinear analysis demonstrated a significant interaction effect, Likelihood ratio chi-square (2, $N = 46$) = 7.58, Pearson chi-square (2, $N = 46$) = 7.32, both $p < .03$. Post-hoc tests of this interaction indicated that, as expected, more girls than boys scored at ECI level 2 (conventions of goodness, other-oriented), $z = 2.75$, $p < .005$. Thus, both hypotheses were supported.

Conclusions

The Gilligan (1982) model of moral development posits that women tend to focus on care and responsibility in relationships whereas men tend to focus on justice and individual rights. Congruent with her theory, and as hypothesized, the data of the current study indicated that early adolescent girls score higher than boys on a new care-based moral reasoning measure (the ECI). Furthermore, as expected, significantly more girls than boys scored at ECI level 2 (conventions of goodness, caring for others). In this same sample, females also generated more personal real-life dilemmas than males, and males generated more impersonal ones than females. Girls tended to be concerned about hurting others and maintaining friendships, whereas boys tended to be concerned about avoiding trouble and leisure activities, such as sports (Skoe & Gooden, 1993). These findings are consistent with a recent longitudinal study (Eisenberg et al., 1991), showing that at age 11-12 girls used more other-oriented modes of prosocial moral reasoning than boys. They are also congruent with the Cohn (1991) meta-analysis of gender differences in personality development. Girls were found to be less egocentric than boys and more concerned with approval and acceptance from others.

As noted by Cohn (1991), gender differences are most likely due to differences in biological and/or differences in socialization experiences. Girls enter puberty (beginning around age 11) approximately two years earlier than boys. It seems reasonable to assume that physiological changes and growth may be accompanied by psychological changes and growth. The effects of pubertal changes on social and personality development require further investigation. With regard to socialization, there is a tendency in western culture to encourage females toward being "a good girl", which involves self-sacrifice and consideration for others. Also, although the roles and opportunities for men and women are becoming increasingly equal, there are still more female models in the care-taking roles. Gilligan (1982) and Chodorow (1974)

have proposed that gender differences have their roots in early parent-child relationship experiences, related to the fact that women mother. Being the same gender, mothers experience a deeper sense of oneness with their daughters than with their sons, and therefore keep daughters longer in a close relationship. Sons, in contrast, are pushed or encouraged to become separate and independent. In this way, girls grow up with greater relational capacities and greater abilities to empathize and identify with others' feelings (Chodorow, 1974, 1978).

Previous research has found a significant, positive relationship between age and the ECI (Skoe & Marcia, 1991; Skoe & Diessner, in press). This suggests a developmental progression in the ethic of care which requires further examination. Longitudinal research including both justice and care in both males and females is necessary in order to further assess developmental issues in the area of morality.

References

Chodorow, N. (1974). Family structure and feminine personality. In M. Z. Rosaldo & L. Lamphere (Eds.), Women, culture and society (pp.43-66). Stanford: Stanford University Press.

Chodorow, N. (1978). The reproduction of mothering. Berkeley: University of California Press.

Cohn, L. D. (1991). Sex differences in the course of personality development: A meta-analysis. Psychological Bulletin, 109(2), 252-266.

Colby, A., & Kohlberg, L. (Eds.). (1987). The measurement of moral judgment. New York: Cambridge University Press.

Eisenberg, N., Miller, P. A., Shell, R., McNalley, S., & Shea, C. (1991). Prosocial development in adolescence: A longitudinal study. Developmental Psychology, 27, 849-857.

Ford, M. R., & Lowery, C. R. (1986). Gender differences in moral reasoning: A comparison of the use of justice and care orientations. Journal of Personality and Social Psychology, 50, 777-783.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Gilligan, C., & Attanucci, J. (1988). Two moral orientations: gender differences and similarities. Merrill-Palmer Quarterly, 4, 223-237.

Johnston, D. K. (1988). Adolescents' solutions to dilemmas in fables: Two moral orientations-two problem solving strategies. In: C. Gilligan, J. V. Ward, J. M. Taylor, B. Bardidge (Eds.), Mapping the moral domain (pp. 49-71). Cambridge, MA: Center for the Study of Gender, Education, and Human Development.

Lyons, N. P. (1983). Two perspectives: On self, relationships, and morality. Harvard Educational Review, 53, 125-144.

Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), Handbook of adolescent psychology, (pp. 159-187). New York: Wiley.

Noddings, N. (1984). Caring: A feminine approach to ethics and moral education. Berkeley: University of California Press.

Skoe, E. E. (1990). Ego identity and moral development in college men and women. In P. J. D. Drenth, J. A. Sergeant & R. J. Takens (Eds.), European Perspectives in Psychology: Volume 1. (pp. 139-149). Sussex: Wiley.

Skoe, E. E. (1992). Sex role orientation and its relationship to the development of identity and moral thought. Manuscript submitted for publication.

Skoe, E. E. (1993). The Ethic of Care Interview Manual. Unpublished manuscript.

Skoe, E. E., & Diessner, R. (in press). Ethic of care, justice, identity and gender - an extension and replication. Merrill-Palmer Quarterly.

Skoe, E. E., & Gooden, A. (1993). Ethic of care and real-life moral dilemma content in male and female early adolescents. Journal of Early Adolescence, 13, 154-167.

Skoe, E. E., & Marcia, J. E. (1991). A care-based measure of morality and its relation to ego identity. Merrill-Palmer Quarterly, 37, 289-304.

Sochting, I, Skoe, E. E., & Marcia, J. E. (1993). Care-oriented moral reasoning and prosocial behaviour: A question of gender or sex role orientation. Manuscript submitted for publication.

Table 1

The Ethic of Care Interview Levels

Level 1 is survival (caring for self). This perspective is characterized by caring for self in order to ensure survival. The person's concern is pragmatic and "should" is undifferentiated from "want". The aim is basically to protect self, to ensure one's own happiness and to avoid being hurt or suffering. There is little, if any, evidence of caring for other people.

Level 1.5 is transition from survival to responsibility. Movement is toward responsibility that entails an attachment to others. Although aware of the needs of others in addition to his or her own, the person will still basically attempt to take care of self in the context of relationships with others.

Level 2 is conventions of goodness (caring for others). This perspective is characterized by the elaboration of the concept of responsibility. "Good" is equated with self-sacrificing caring for others, and "right" is externally defined by the church, parents or society, etc. Conflict arises specifically over the issue of hurting, and others are helped or protected often at the expense of self-assertion.

Level 2.5 is transition from conventional to reflective care perspective (from "goodness" to truth about relationships). This phase is marked by a shift in concern from goodness to truth and honesty. There is a reconsideration of the relationship between self and other as the person questions the "goodness" of protecting others at one's own expense.

Level 3 is ethic of care (caring for both self and others). This perspective focuses on the dynamics of relationships and dissipates the tension between selfishness and responsibility through a new understanding of the interconnection between others and self, a judgment that remains particular in its concern with relationships and response but becomes universal in its condemnation of exploitation and hurt. The person takes responsibility for choices she or he makes as criteria for goodness move inward. Both self and others are included in a care ethic.

Table 2

Frequencies of Participants in the Ethic of Care Interview Levels

	Females		Males		Combined	
ECI Level	%	N	%	N	%	N
1	4.3	1	17.4	4	10.9	5
1.5	26.1	6	52.2	12	39.1	18
2	69.6	16	30.4	7	50.0	23
2.5	0	0	0	0	0	0
3	0	0	0	0	0	0